

<b>Case Number:</b>	CM13-0045421		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/26/2010
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Pain Medicine and Rehabilitation, has a subspecialty in interventional spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 28-year-old male with date of injury of 08/26/2010. The listed diagnoses according to the treating physician's note dated 10/01/2013 are: Low back pain, one (1) mm diffuse posterior disk bulge at L2-L3, one-to-two (1-2) mm diffuse posterior disk bulge at L3-L4, one (1) mm diffuse posterior disk bulge and mild to moderate facet arthropathy, disk bulge at L2-L3, one (1) mm diffuse posterior disk bulge and mild to moderate facet arthropathy at L4-L5, disk desiccation and one-to-two (1-2) mm diffuse posterior disk bulge and moderate facet arthropathy at L5-S1, bilateral sacroiliac joint pain, myofascial pain syndrome of the lumbar spine, and left shoulder pain. According to the report, the patient complains of left shoulder and low back pain radiating to his legs. He continues to have significant low back pain with radiating symptoms to the legs worse on the left compared to the right. He is currently taking Norco, Neurontin, Prilosec, and compound cream with some relief. The exam of the left shoulder shows moderate to significant tenderness over the left shoulder joint and supraspinatus and bicep tendons. There is limited range of motion of the left shoulder in all directions especially overhead and back reaching secondary to increased pain. He has tenderness and trigger points in the left shoulder girdle and arm musculature. The utilization review denied the request on 10/04/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**A LEFT SHOULDER JOINT INJECTION:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 204.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) INJECTIONS FOR OSTEOARTHRITIS (OA).

**Decision rationale:** The patient presents with chronic left shoulder pain. The treating physician is requesting a left shoulder joint injection. The ACOEM Guidelines state, "Two or three subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. Diagnostic lidocaine injections to distinguish pain sources in the shoulder area (e.g. impingement)." Furthermore, the Official Disability Guidelines state that the criteria for steroid injection, includes: 1. A diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for posttraumatic impingement of the shoulder; 2. Not controlled adequately by recommended conservative treatments; 3. Pain interferes with functional activities; 4. Intended for short-term control of symptoms to resume conservative medical treatment; 5. Generally performed without fluoroscopic or ultrasound guidance; 6. Only one injection should be scheduled to start rather than a series of three (3); 7. The second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; 8. With several weeks of temporary partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; and 9. The number of injections should be limited to three (3). The records show that the patient received a shoulder injection in 2012. However, the results of this injection were not made available for review to verify if the patient had any form of relief. The patient has utilized medications, chiropractic modalities, and acupuncture with no relief. In this case, given the patient's persistent symptoms on the left shoulder, a left shoulder injection appear reasonable to try again. Recommendation is for authorization.